Guide to Completing National Registry Recertification 2.0 Application
Effective: October 1, 2019

Quick Guide

Introduction:

This *Quick Guide* has been developed and approved by National Registry to assist Virginia providers who are certified with National Registry to complete their recertification application based on the National Continued Competency Program (NCCP). All providers recertifying starting in the 2019 certification cycle are utilizing the 2016 NCCP requirements.

Please follow this step-by-step guide when completing your National Registry recertification application. All answers highlighted in **BOLD** *must* be the response you provide to each question.

Providers who do not maintain their Virginia CE report in alignment with their National Registry certification cycle will not be able to utilize this process. Please remember to use the '**Recertify Me**' option in your Virginia EMS portal after your National Registry has been recertified to maintain your CE report in alignment with your National Registry certification cycle.

Note: Recertification Cycle Start Date will be unique to each provider based on when National Registry issues your new certification. Hours accumulated after that start date can be utilized toward the next certification cycle.

Learning Objectives:

Learn how to:

✓ complete your recertification application with National Registry using the National Continued Competency Program (NCCP)

The following pages contain line by line instructions without screenshots followed by line by line instructions with screenshots for those who desire visual prompts for each screen being encountered. National Registry has approved this recertification process and all answers that have been provided in **BOLD**. If you do not follow these instructions, your application may be rejected by National Registry.

If you need assistance in completing your recertification application, please contact the Virginia Office of EMS, Division of Accreditation, Certification and Education for assistance.

SPECIAL NOTE: If you have applied any hours to your National Registry recertification application before following these directions, please remove those hours so that all assigned hours reflect 'zero'.

Summary without Screenshots:

1.   Open your web browser and log into National Registry at http://nremt.org.
2.   Log into your existing National Registry account and select '**My Certification**'.
    a. Review the information contained on '**Certification Dashboard**'
    b. Review and update your profile information if necessary by selecting '**Update Profile**'.
    c. Review and manage your agency affiliations by selecting '**Manage Affiliations**'. You do have the option to affiliate with multiple agencies.
    d. Your recertification cycle will be specific to you based on your recertification date. All courses used to recertify must fall between the dates listed on your recertification cycle.
3.   Select '**Manage My Education**' to access the '**Manage Education for Recertification'** screen.
4.   Your current Recert Model will be **NCCP 2016**.
5.   At the bottom of the page select '**Add a Course**'
    a. Course Type – select '**Refresher Course/National Component Course**'
    b. Course Name – Select the level you are recertify at select: '**National Component Course**' i.e., (NRP-National Component Course'
    c. Course Approved by - '**State EMS Office** and '**Virginia**'
    d. Course Completion Date will be the **date that you completed your NCCR (Category 1) required hours on your Virginia CE report**
    e. Course Duration
        i.   **Paramedic - '30 Hours: 00 Minutes'**
        ii.   **AEMT - '25 Hours: 00 Minutes'**
        iii.   **EMT - '20 Hours: 00 Minutes'**
        iv.   **EMR – '8 Hours: 00 Minutes'**
    f. 'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.
    g. 'Was an instructor present at this course?' '**Yes**'
    h. 'Course Location'
        i.   Country - '**United States**'
        ii.   State - '**Virginia**'
        iii.   City - '**Glen Allen**'
    i. 'Additional Course Information'
        i.   Sponsor – '**Virginia Office of EMS**'
6.   Click on '**Save & Add Another Course**'
    a. Under Course Type – select '**Continuing Education Course**'
    b. Course Name - '**Virginia Approved LCCR Topics**'
    c. Course Approved by - '**Virginia**'
    d. Course Completion Date will be the **date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
    e. Course Duration
        i.   **Paramedic - '15 Hours: 00 Minutes'**
        ii.   **AEMT - '12 Hours: 30 Minutes'**
        iii.   **EMT - '10 Hours: 00 Minutes'**
        iv.   **EMR – '4 Hours: 00 Minutes'**
    f. 'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.
    g. 'Was an instructor present at this course?' '**Yes**'

      h.   'Course Location'
- i. Country - **'United States'**
- ii. State - '**Virginia**'
- iii. City - **'Glen Allen'**

      i.   'Additional Course Information'
- i. Sponsor – **'Virginia Office of EMS'**

7. Click on '**Save & Add Another Course**
   a. Under Course Type – select '**Continuing Education Course**'
   b. Course Name - '**Virginia Approved ICCR Topics**'
   c. Course Approved by - '**Virginia**'
   d. Course Completion Date will be **the date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
   e. Course Duration
      i. **Paramedic - '15 Hours: 00 Minutes'**
      ii. **AEMT - '12 Hours: 30 Minutes'**
      iii. **EMT - '10 Hours: 00 Minutes'**
      iv. **EMR – '4 Hours: 00 Minutes'**
   f. 'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.
   g. 'Was an instructor present at this course?' '**Yes**'
   h. '**Course Location**'
      i. Country - '**United States**'
      ii. State - '**Virginia**'
      iii. City - '**Glen Allen**'
   i. '**Additional Course Information**'
      i. Sponsor – **'Virginia Office of EMS'**
8. Click on '**Save & View Transcript**'
9. On '**My Professional Transcript**' you should now see the entries you made above with each reflecting **'Unassigned'** under '**Recert Topic Map**'
10. Click on '**Unassigned**' on the '**Refresher/National Component Course**'.
    a. Click '**Assign**' on Airway/Respiration/Ventilation and the required hours will be assigned.
    b. Click '**Assign**' on Cardiology and the required hours will be assigned.
    c. Click '**Assign**' on Trauma and the required hours will be assigned.
    d. Click '**Assign**' on Medical and the required hours will be assigned.
    e. Click '**Assign**' on Operations and the required hours will be assigned.
11. Click on '**View Courses**'.
12. Click on "**Unassigned'** on the **'Virginia Approved LCCR Topcs'**
    a. "Click '**Assign**' and the required hours will be assigned.
13. Click on '**View Courses**'.
14. Click on "**Unassigned'** on the **'Virginia Approved ICCR Topcs'**
    a. "Click '**Assign**' and the required hours will be assigned.
15. Click on '**View Courses**'. You should now see that all hours are fully assigned.
16. On left hand side of the page click on '**Recert Application'**
17. On '**Profile and Workforce Information**', click on '**START**'
18. '**Workforce Information**' – Complete the questionnaire. If you work for more than one agency, respond with the answers to the agency that you consider your primary agency. When all questions are answered, click **Finish**.
19. Select **Legal Pathway & Criminal Conviction** and respond accordingly
20. Select '**Terms of Certification**', read each statement. You can click to approve each statement or at the bottom of the screen select '**Approve All**'
21. Select '**Payment**', complete your payment method and click on '**Submit Payment**'. Payment will be submitted and your '**Payment Information**' summary will appear. Select '**Print Receipt**' if you desire.
22. Click on **'Back to Application'**.
23. Under '**Submission**' select '**Submit Application**'
24. You may be selected to complete a survey. If selected you can choose to participate, not participate or to be reminded later. If you select '**Remind Me Later**' you will be asked to provide an email address
25. Under your '**Recert Application**' you can review the status of your recertification application.
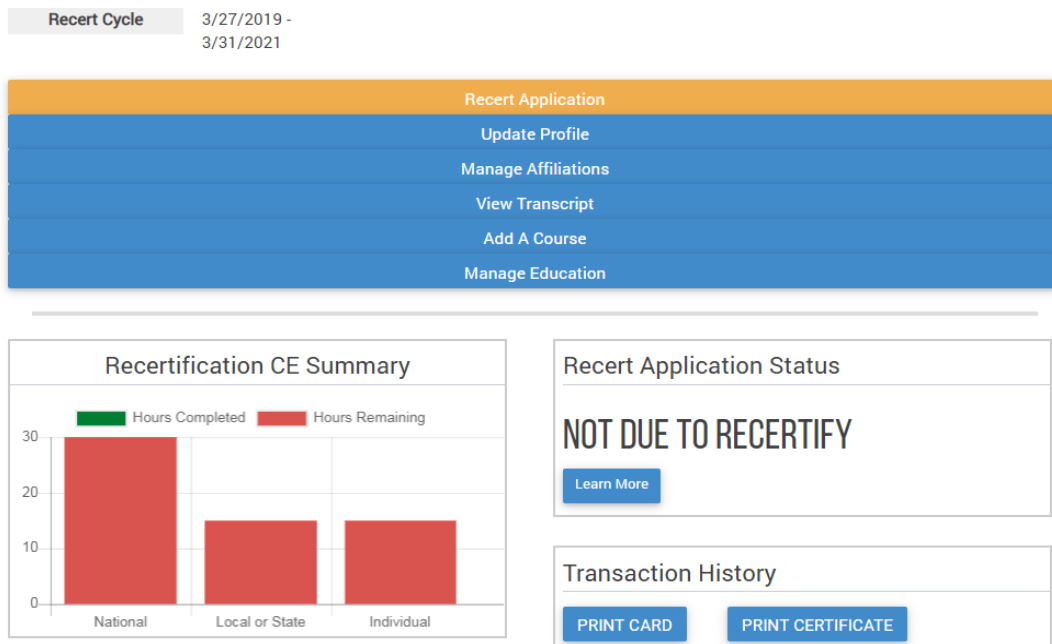26. If you wish to change your status to '**Inactive**' you can do so on this screen.

| Step 1 | **Accessing the National Registry Website** |

a. Open your web browser and log into National Registry at http://nremt.org.

| Step 2 | **Accessing Recertification Application** |

1. Log into your existing National Registry account and my current role will be '**My Certification**'.
   1) Review the information contained on **'Dashboard'**
      a. Review and update your profile information if necessary by selecting '**Update Profile**'.
      b. Review and manage your agency affiliations by selecting **'Manage Affiliations'**. You do have the option to affiliate with multiple agencies.
      c. Your recertification cycle is become 'unique' to you based on your recertification date.

2. Select '**Manage My Education**' to access the '**Manage Education for Recertification'** screen.
3. Your current Recert Model will be **NCCP 2016**.

| Step 3 | Adding Courses (NCCR/LCCR/ICCR) |

1. After changing your recertification model, on the left side of the page select '**Add a Course**'
    a. Under Course Type – select '**Refresher Course/National Component Course**'
    b. Course Name - '**Level you are recertifying (EMR, EMT, AEMT, NRP – National Component Course**'
    c. Course Approved by State EMS Office - '**Virginia**'
    d. Course Completion Date will be the **date that you completed your NCCR (Category 1) required hours on your Virginia CE report**
    e. Course Duration
        i. **Paramedic - '30 Hours: 00 Minutes'**
        ii. **AEMT - '25 Hours: 00 Minutes'**
        iii. **EMT - '20 Hours: 00 Minutes'**
        iv. **EMR – '8 Hours: 00 Minutes**'
    f. 'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.
    g. 'Was an instructor present at this course?' '**Yes**'
    h. 'Course Location'
        i. Country - '**United States**'
        ii. State - '**Virginia**'
        iii. City - '**Glen Allen**'
    i. 'Additional Course Information'
        i. Sponsor – **'Virginia Office of EMS'**

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type

Refresher Course/National Component Course ▾   LEARN ABOUT STANDARDIZED COURSES

Course Name

NRP Refresher/National Component Course ▾   ← Select the level of your certification

Course Approved By

⦿ State EMS Office ○ CAPCE ○ Other

Virginia ▾

Course Completion Date

10/18/2019

Course Duration

30 ▾ Hours : 00 ▾ Minutes   ← Number of hours based on certification level

Did you teach this course?

○Yes ⦿No

6

2. At bottom of page, click on '**Save & Add Another Course**'
    a. Under Course Type – select '**Continuing Education Course**'
    b. Course Name - '**Virginia Approved LCCR Topics**'

  c. Course Approved by - '**Virginia**'
  d. Course Completion Date will be the **date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
  e. Course Duration
    i. **Paramedic - '15 Hours: 00 Minutes'**
    ii. **AEMT - '12 Hours: 30 Minutes'**
    iii. **EMT - '10 Hours: 00 Minutes'**
    iv. **EMR – '4 Hours: 00 Minutes'**
  f. 'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.
  g. 'Was an instructor present at this course?' '**Yes**'
  h. 'Course Location'
    i. Country - '**United States**'
    ii. State - '**Virginia**'
    iii. City - '**Glen Allen**'
  i. 'Additional Course Information'
    i. Sponsor – '**Virginia Office of EMS**'

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type

Continuing Education Course ▾   [LEARN ABOUT STANDARDIZED COURSES]

Course Name

Virginia Approved LCCR Topics

Course Approved By

◉ State EMS Office ○ CAPCE ○ Other

Virginia ▾

Course Completion Date

10/18/2019

Course Duration

15 ▾ Hours : 00 ▾ Minutes ⬅ Number of hours based on certification level

Did you teach this course?

○ Yes ◉ No

3. At bottom of page click on '**Save and Add Another Course**'
  a. Under Course Type – select '**Continuing Education Course**'
  b. Course Name - '**Virginia Approved ICCR Topics**'
  c. Course Approved by - '**Virginia**'
  d. Course Completion Date will be **the date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
  e. Course Duration
    i. Paramedic - '15 Hours: 00 Minutes'
    ii. AEMT - '12 Hours: 30 Minutes'

        iii.   EMT - '10 Hours: 00 Minutes'

        iv.   EMR – '4 Hours: 00 Minutes'

  f.   'Did you teach this course?' '**No**' unless you were the instructor for all hours listed on your CE report.

  g.   'Was an instructor present at this course?' '**Yes**'

  h.   '**Course Location**'

        i.   Country - '**United States**'

        ii.   State - '**Virginia**'

        iii.   City - '**Glen Allen**'

  i.   '**Additional Course Information**'

        i.   Sponsor – **Virginia Office of EMS**

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type

| Continuing Education Course ▾ |

[LEARN ABOUT STANDARDIZED COURSES]

Course Name

| Virginia Approved ICCR Topics |

Course Approved By

◉ State EMS Office ○ CAPCE ○ Other

| Virginia ▾ |

Course Completion Date

| 10/18/2019 |

Course Duration

| 15 ▾ | Hours : | 00 ▾ | Minutes

Did you teach this course?

○ Yes ◉ No

4.   Click on '**Save & View Transcript**'

Step 4	**Assigning NCCR, LCCR and ICCR Hours**

1. On '**My Professional Transcript**' you should now see the following entries with all courses 'Unassigned'

MY PROFESSIONAL TRANSCRIPT

Easily record all of your Continuing Education and training here in your Professional EMS Transcript.

Never lose your course certificates or records again! After you add a course to your transcript, you can upload PDFs or images of the course certificates, cards, or other important records. When it's time for you to renew your National Registry status, click on the Course Name to quickly allocate the course to your Recertification Application.

Don't just upload the courses required to maintain your National Registry status, we encourage you to use this to track and store all of your professional continuing education. Imagine five or ten years from now having the ability to access your complete CE record!

[Add A New Course To My Transcript] [Import CAPCE Courses]

Date Completed Filter: [Current Recert Cycle On ▾]

[Copy] [Print] [PDF] [Excel] [CSV]   Search: [_____]

Date	Course Name	Duration	Attachments	Source	Location	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Unassigned
10/18/2019	Virginia Approved LCCR Topics	15h 0m		Manual	Glen Allen, Virginia	Unassigned
10/18/2019	Virginia Approved ICCR Topics	15h 0m		Manual	Glen Allen, Virginia	Unassigned

2. Click on '**Unassigned**' on the **'Refresher/National Component Course'**

Date	Course Name	Duration	Attachments	Source	Lo	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Unassigned

3. Click on '**Assign**' beside each of the five topic areas and the appropriate number of hours will be assigned and the box will turn green.

COURSE NAME: NRP REFRESHER/NATIONAL COMPONENT COURSE

Current Recert Model	NCCP 2016

Course Hours Not Assigned

30

National Component

Topics	Current Course Hours		Total Hours Assigned	Hours Required
☐ Airway/Respiration/Ventilation ⓘ	3.5	ASSIGN	0	3.5
☐ Cardiovascular ⓘ	8.5	ASSIGN	0	8.5
☐ Trauma ⓘ	3	ASSIGN	0	3
☐ Medical ⓘ	8.5	ASSIGN	0	8.5
☐ Operations ⓘ	6.5	ASSIGN	0	6.5

COURSE NAME: NRP REFRESHER/NATIONAL COMPONENT COURSE

Current Recert Model	NCCP 2016

Course Hours Not Assigned

0

National Component

Topics	Current Course Hours			Total Hours Assigned	Hours Required
☑ Airway/Respiration/Ventilation ⓘ	3.5	Edit	REMOVE	3.5	3.5
☑ Cardiovascular ⓘ	8.5	Edit	REMOVE	8.5	8.5
☑ Trauma ⓘ	3	Edit	REMOVE	3	3
☑ Medical ⓘ	8.5	Edit	REMOVE	8.5	8.5
☑ Operations ⓘ	6.5	Edit	REMOVE	6.5	6.5

4. Click on '**View Courses'** at bottom of page
5. Click on '**Unassigned**' on the '**Local or State Component'**

10/18/2019	Virginia Approved LCCR Topics	15h 0m		Manual	Glen Allen Virginia	Unassigned

6. Click on '**Assign**' and the hours will be applied and the box will turn green.

Local or State Component

Topics	Course Hours		Total Hours Assigned	Hours Required
☐ Local or State Topic	15	ASSIGN	0	15

10

Local or State Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
✅ Local or State Topic	15 Edit REMOVE	15	15

7. Click on '**View Courses**' at the bottom of page.
8. Click on '**Unassigned**' on the **'Individual Component'**

10/18/2019	Virginia Approved ICCR Topics	15h 0m		Manual	Glen Allen Virginia	Unassigned

9. Click on '**Assign**' and the hours will be applied and the box will turn green.

Individual Component

Topics	urse Hours	Total Hours Assigned	Hours Required
☐ Individual Topic	15 ASSIGN	0	15

Individual Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
✅ Individual Topic	15 Edit REMOVE	15	15

10. Click on '**View Courses'.** All hours will not be assigned.

Copy Print PDF Excel CSV   Search: [   ]

Date	Course Name	Duration	Attachments	Source	Location	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Fully Assigned
10/18/2019	Virginia Approved LCCR Topics	15h 0m		Manual	Glen Allen, Virginia	Fully Assigned
10/18/2019	Virginia Approved ICCR Topics	15h 0m		Manual	Glen Allen, Virginia	Fully Assigned

Step 5	Submitting Recertification Application

1. On left hand side of the page click on '**Recert Application**'
2. On '**Profile and Workforce Information**', click on '**START**'

3. Complete your **Demographics** information and click '**Next**'

4. '**Workforce Information**' – Complete the questionnaire. If you work for more than one agency, respond with the answers to the agency that you consider your primary agency. When all questions are answered, click **Finish**.

Test Candidate
EMT
E5555555
Exp Date: March 31, 2018

My Current Role

My Certification ▼

DASHBOARD

TRANSCRIPT

ADD A COURSE

MANAGE MY EDUCATION

RECERT APPLICATION

RECERT BY EXAM
APPLICATION

RECERT BY EXAM RESULTS

VIEW TRANSACTION
HISTORY

QUESTIONNAIRE

| 1 Demographics | 2 Workforce Information |

Workforce Information

The following information is necessary to provide the best possible service to you and our profession. These questions help us understand the needs of the EMS community and the workforce capability in times of need.

Note: If you work for more than one EMS agency, answer about the agency for which you do most of your EMS work.

For how many different agencies, services or organizations do you currently perform EMS work?

○ 0
○ 1
○ 2 or more

At your main EMS job, during a typical week, do you function as a patient care provider?

○ Yes
○ No

Which of the following best describes your primary role at your main EMS job?

○ Patient Care Provider
○ Educator
○ Preceptor
○ Dispatcher/Call Taker
○ Administrator/Manager
○ First-line Supervisor
○ Other - A person whose primary EMS role at their main job is not listed above (please specify).

[If Other Please Specify]

Which of the following best describes your main EMS agency?

○ Hospital
○ Fire Department
○ Tribal
○ Military
○ Government, Non-Fire Department
○ Private
○ Air Medical
○ Other Please specify:

[If Other Please Specify]

(continued)

13

Which of the following best describes the primary type of service provided by your main EMS agency? *If more than one type of service is provided, pick the service with the greatest number of calls in the past 12 months.*

○ Primarily 911 response with or without transport capability
○ Primarily medical transport (convalescent)
○ Equal mix of 911 and medical transport (convalescent)
○ Clinical services
○ Mobile Integrated Healthcare & Community Paramedicine
○ Other - Please specify:

If Other Please Specify

Volunteers are licensed EMS workers who receive nominal or no compensation for their provision of EMS services at the agency. At your main EMS job, are you a volunteer EMS provider?

○ Yes
○ No

At any of your other EMS jobs, are you a volunteer EMS provider?

○ Yes
○ No

Which of the following best describes your employment status at your main EMS job?

○ Full-time
○ Part-time

How long have you been employed or volunteered at your main EMS job?

○ Less than one year
○ 1-2 years
○ 3-4 years
○ 5-7 years
○ 8-10 years
○ 11-15 years
○ 16-20 years
○ 21 or more years

Which of the following best describes the community in which you do most of your EMS work?

○ Rural area (less than 2,500 people)
○ Small town (2,500 - 24,999 people)
○ Medium town (25,000 -74,999 people)
○ Large town (75,000 - 149,999 people)
○ Mid-sized city (150,000 - 499,999 people)
○ Suburb/fringe of a mid-sized city
○ Large city (500,000 or more people)
○ Suburb/fringe of a large city

Thank you for participating in the survey. Please click the **Finish** button to return to your application

5. Select **Legal Pathway & Criminal Conviction** and respond accordingly

a) If your response is **'NO'** you will see the following screen. Read and click '**Agree & Submit**'.

b) If your response is '**YES**' you will need to provide all documentation requested to National Registry.

6. Select '**Terms of Certification**', read each statement. You can click to approve each statement or at the bottom of the screen select '**Approve All**'

7. Select '**Payment**', complete your payment method and click on '**Submit Payment**'. Payment will be submitted and your '**Payment Information**'. Select '**Print Receipt**' if you desire.
8. Click on **'Back to Application'**.

| Step 8 | **Submitting Your Application** |

1. Under '**Submission**' select '**Submit Application**'

Submission   Submit Application

Once all steps are completed. Please submit your application

2. You may be selected to complete a survey. If selected you can choose to participate, not participate or to be reminded later. If you select '**Remind Me Later**' you will be asked to provide an email address

The National Registry of EMTs (NREMT) is conducting a survey of EMS professionals. The results of this survey will help us better understand EMS workforce issues and the status of our profession.

You have been selected to provide your valuable input as an EMS professional. Your help is entirely voluntary. Your recertification application will not be affected by your participation in this survey, and this is not a part of your recertification application. Your recertification application has already been submitted. The NREMT does not mandate or require participation in this project, and there are no penalties associated with not participating or discontinuing participation at any time.

There are no foreseeable risks in participation in this survey. Completion of the survey should take about 5-10 minutes. Your responses will be kept confidential. You may refuse to answer any question by selecting "Next" to move to the next question. Additionally, you can quit the survey at any time.

Your privacy is important to us, and your responses will be kept absolutely confidential. Only data summarizing groups of participants will be reported. If you have any questions, or want to obtain more information about this very important project, please contact the NREMT Research Department at 614-888-4484 or via email at research@nremt.org. If you have concerns or questions about your rights as a participant, you can contact the Chair of AIR's Institutional Review Board (which is responsible for the protection of study participants) at IRBChair@air.org or toll-free at 1-800-634-0797.

The time you spend answering this questionnaire can have a real impact on our profession.

By clicking the option below you are consenting to participate in this study. Optionally, you may request to be reminded and complete the survey at another time.

Once again thank you for your help!

Respectfully,

The NREMT Research Team

Your participation is important to us. Please select a choice below.
- ○ I consent to participate
- ● Please remind me later
- ○ I do not wish to participate

Next

We will send you a personalized link to complete the survey at a later time. Please enter your email address below.

Back   Submit

Thank you for expressing interest in this survey. Your response and participation is very important to us. You have been emailed a personalized link to return to the survey again.

If you have any questions, or want to obtain more information about this very important project, please contact the NREMT Research Department at 614-888-4484 or via email at research@nremt.org.

| Step 8 | Status of Application |

1. Under your '**Recert Application**' you can review the status. If you wish to change your status to '**Inactive**' you can do so on this screen.

TRANSCRIPT

ADD A COURSE

MANAGE MY EDUCATION

RECERT APPLICATION

RECERT BY EXAM APPLICATION

RECERT BY EXAM RESULTS

VIEW TRANSACTION HISTORY

Pending Training Officer Review   `PENDING REVIEW`

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Training Officer. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018 and you meet all other recertification requirements, you will be recertified with an 'Inactive Status'.

You may also choose to be recertified with 'Inactive' status by selecting the Become Inactive button.

`BECOME INACTIVE`

Pending Medical Director Review   `PENDING REVIEW`

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Medical Director. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018, and you meet all other recertification requirements, you will be recertified with an 'Inactive Status'.

You may also choose to be recertified with 'Inactive' status by selecting the Become Inactive button.

`BECOME INACTIVE`

Pending NREMT Review   `PENDING REVIEW`

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Training Officer or Medical Director. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018, and you meet all other recertification requirements, you will be recertified with an 'Inactive Status'.